



Town of Lexington
Planning Department

1625 Massachusetts Avenue
Lexington, MA 02420

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Fax: (781) 861-2748

FORM G-CE

DESIGNER'S CERTIFICATE
CIVIL ENGINEER

(date)

To the Planning Board:

Description of Land: _____

Type of Development: _____

I hereby certify that: (check as many boxes as are applicable)

1. the accompanying plan, entitled: _____

_____ and dated _____, is true and correct to the accuracy required by the Rules and Regulations of the Lexington Planning Board;

2. that the completed construction complies with the approved definitive subdivision plan, any written changes made after the approval of the plan and the Standard Specifications;

3. other: _____

Civil Engineer

Address

Phone

Space for Professional
Registration Stamp